(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	LU	N HORNE		

Office Use Only



600423175806

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/31/2024	<del>_</del>		₩ALK IN**
ENTITY NAME PEAK	LOGISTICS, LLC		
DOCUMENT NUMBER			
	**PLEASE FILE THE	E ATTACHED AND RETURN**	
xxxxxxxx	Plain Copy Certified Copy Certificate of Status		
	**PLEASE OBTAIN THE FO Certified Copy of Arts Certificate of Good Stan		
	**APOSTILLE' / NO	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA			
TOTAL OWED \$25		ACCOUNT #: 1201600000	)72
Please call Tina at	the above number for a	any issues or concerns. Thank you	so much!

## **COVER LETTER**

TO: Registration Section Division of Corporations				
PEAK LOGISTICS, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statement of Termination	n and fee(s) are submitted for filing.			
Please return all correspondence conce	erning this matter to the following:			
Michael W. Whittaker				
Name of Person	-			
Potter Anderson & Corroon LLP				
Firm/Company				
1313 N. Market Street, 6th Floor				
Address				
Wilmington, DE 19801-6108				
City/State and Zip Code	e			
mwhittaker@potteranderson.com				
E-mail address: (to be used for future	annual report notification)			
For further information concerning this	s matter, please call:			
Michael W. Whittaker	at () 984-6104			
Name of Person	Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
rananassee, FL 52514	Tallahassee, FL 32303			

CR2E141 (2/14)

## STATEMENT OF TERMINATION

Pursuant to section 605,0709(7), Florida Stat		ent of Termination:
FIRST: The name of the limited liability co	mpany is:	
SECOND: The Florida Document number of	of the limited liability company is: 4.2000004	14991 
THIRD: The date of filing of the initial artic	cles of organization is: February 7, 2020	The state of the s
_		美
FOURTH: The date of filing of the dissolut	May 30, 2024	airs and has determined
· ·		,
FIFTH: This limited liability company has	completed winding up its activities and affa	irs and has determined
that it will file a statement of termination.		
Plulippe Boisdair	Philippe Boisclair	
Signature of Authorized Representative	Typed or printed name of signature	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)